



## WHAT TO DO

If your child is missing from home, search through

- » **closets**
- » **piles of laundry**
- » **in and under beds**
- » **inside large appliances**
- » **vehicles—including trunks**
- » **and anywhere else that a child may crawl or hide**



Immediately **call your local law-enforcement agency** and provide them with your up-to-date Child ID kit.



After you have reported your child missing to law enforcement, call the National Center for Missing & Exploited Children® at **1-800-THE-LOST® (1-800-843-5678)**.

If your computer is equipped with a microphone and speakers, you may talk to one of our Hotline operators via **www.missingkids.com** online.



Learn more about this child ID kit at  
**[www.missingkids.com/childid](http://www.missingkids.com/childid)**




The National Center for Missing & Exploited Children  
Charles B. Wang International Children's Building  
699 Prince Street • Alexandria, VA 22314-3175  
[www.missingkids.com](http://www.missingkids.com) • 1-800-THE-LOST®

## HOW TO USE THIS KIT

When recovering a missing child, the most important tools for law enforcement are an up-to-date, quality photograph and descriptive information. Complete this Child ID Kit by attaching a recent photograph of your child and listing all identifying and medical information. Update the photograph and information every 6 months, and keep the Kit in a secure, accessible location.





**PLACE  
PHOTO HERE**

Remember to use a high-resolution, head-and-shoulders photo of your child, and update it every 6 months.



## PERSONAL INFORMATION

Address: \_\_\_\_\_ State/Province/Region: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_



## PHYSICAL CHARACTERISTICS

Sex: Female ☐ Male ☐  
Race/Ethnicity: \_\_\_\_\_  
Hair Color: \_\_\_\_\_  
Eye Color: \_\_\_\_\_

Height	Weight	Date



## DISTINGUISHING CHARACTERISTICS

Last Name: \_\_\_\_\_  
First/Middle Name: \_\_\_\_\_  
Nickname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

My child wears or has:  
Glasses ☐ Contacts ☐ Braces ☐ Birthmarks ☐ Piercings ☐ Tattoos ☐  
Special Needs: \_\_\_\_\_  
Other: \_\_\_\_\_



## MEDICAL INFORMATION

Physician's Name: \_\_\_\_\_  
Office #: \_\_\_\_\_  
Allergies/Conditions: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Blood Type: \_\_\_\_\_



Emergency Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Work #: \_\_\_\_\_  
Home #: \_\_\_\_\_  
Cell #: \_\_\_\_\_






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Home #: \_\_\_\_\_  
Cell #: \_\_\_\_\_



## FINGERPRINTS

Fingerprints are critical to a complete child identification record and should be taken by competent, trained individuals, such as law-enforcement personnel.

 Left Thumb	 Left Index	 Left Middle	 Left Ring	 Left Pinky
 Right Thumb	 Right Index	 Right Middle	 Right Ring	 Right Pinky